

Health Assessment Form

Name: _____ Birth Date: _____ Height: _____

Phone #: _____ Email: _____

Student/Fac/Staff or Alumni _____

If Fac/Staff or Alumni, are you current AWC member? _____

Part I: Health Assessment

This is my first assessment I have had an assessment

Please list days and times you are available Monday-Friday. List as much availability as you can. (For ex., "everyday after 4pm or Mon & Wed before 2pm")

You will be scheduled in the first available time slot you have chosen. You will be contacted to confirm the date and time of appointment. Assessments will take about 60 minutes to complete depending on your choices below.

Select what you would like assessed:

- | | |
|---|--|
| <input type="checkbox"/> Weight | <input type="checkbox"/> Cardiovascular Testing (Stationary Bike test) |
| <input type="checkbox"/> Body Fat | <input type="checkbox"/> Heart Disease Risk |
| <input type="checkbox"/> Body Size (tape measure) | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Diabetes Risks |
| <input type="checkbox"/> Strength | <input type="checkbox"/> Prevention & Safety |
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Cancer Risk |

Wellness Goals (i.e. Weight loss/gain, maintain current weight, overall fitness, cardio endurance, etc)

Part II: Personal Training sessions (Optional)

You can also select up to 5 personal training sessions to work with a certified personal trainer after your Health Assessment. These sessions will not be on the same day as the Health Assessment. I am interested in:

- Health Assessment only
 1 Personal Training session
 3 Personal Training sessions
 5 Personal Training sessions

Office Use Only Date Submitted _____ Appt. Date _____
